



MIAMI-DADE WATER & SEWER DEPARTMENT
METER OPERATIONS & MAINTENANCE
CROSS-CONNECTION CONTROL UNIT
1001 N.W. 11th STREET, MIAMI, FL 33136-2209
Phone (305) 547-3046 ? Fax (305) 545-9555

BACKFLOW PREVENTION ASSEMBLY TEST REPORT FORM

1	ADDRESS OF DEVICE:		OWNER OF DEVICE:		
	OWNER CONTACT:		PHONE::	FAX:	
	ADDRESS OF OWNER:		ZIP CODE::		
2	NAME OF TESTER:	CERTIFICATION #:	EXPIRATION DATE::	PHONE::	
	BUSINESS NAME:	BUSINESS ADDRESS:		ZIP CODE:	
3	TEST KIT MAKE::	MODEL #:	SERIAL #:	DATE LAST CAL.	SITE TUBE: YES / NO

R.P. _____ **D.C.** _____ **P.V.B.** _____

4	MAKE OF ASSEMBLY:	MODEL NO:	SERIAL #:	SIZE:
	LOCATION OF ASSEMBLY:		HAZARD/SERVICE:	METER NO.
	INITIAL TEST: _____ ANNUAL TEST: _____		DATE OF TEST:	METER READING:
	<u>SHUT OFF VALVE #1:</u> CLOSED TIGHT: _____ LEAKED: _____	<u>SHUT OFF VALVE #2:</u> CLOSED TIGHT: _____ LEAKED: _____	LINE PRESSURE: _____	PRESSURE STABLE: YES - NO

D.C.V.A. _____ **R.P.Z.A.** _____ **P.V.B.** _____

TEST	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET	CHECK VALVE
	Closed Tight: _____ Leaked: _____	Closed Tight: _____ Leaked: _____	FAILED TO OPEN: _____	FAILED TO OPEN: _____	LEAKED: _____
	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	OPENED AT: _____ PSI.	OPENED AT: _____ PSI	HELD AT: _____ PSI

IF THE ASSEMBLY FAILS FOR ANY REASON, COMPLETE THIS SECTION AND NOTE REPAIRS

REMARKS / REASON FOR FAILURE (IF APPARENT):

REPAIRS	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	P.V.B.
	CLEANED: _____ REPLACED: _____	CLEANED: _____ REPLACED: _____	CLEANED: _____ REPLACED: _____	CLEANED: _____ REPLACED: _____

D.C.V.A. _____ **R.P.Z.A.** _____ **P.V.B.** _____

RETEST	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET	CHECK VALVE
	Closed Tight: _____ Leaked: _____	Closed Tight: _____ Leaked: _____	FAILED TO OPEN: _____	FAILED TO OPEN: _____	LEAKED: _____
	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	PRESSURE DIFFERENTIAL ACROSS CHECK _____ PSI	OPENED AT: _____ PSI	_____ PSI	HELD AT: _____ PSI

I CERTIFY THAT I HAVE TESTED THE ABOVE ASSEMBLY IN ACCORDANCE WITH THE A.W.W.A. CROSS CONNECTION CONTROL MANUAL AND THAT ALL THE INFORMATION IS ACCURATE TO THE BEST OF MY ABILITIES.

SIGNATURE OF CERTIFIED TESTER:	DATE:
FOR OFFICE USE ONLY:	DATE: